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“We’re just stuck in a daily routine”: Implications of the temporal dimensions, demands and dispositions of mothering for leisure time physical activity

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Abstract

The reduced physical activity of women when they become mothers is a public health priority. Existing studies show that mothers have little time for leisure, or time that is fragmented and requiring negotiation with others. However, the temporal features of mothering are undertheorised and qualitative studies tend to focus on how mothers can skilfully construct physically active identities and balance societal expectations about being a “good mother”. In line with other research that focuses on the configuration of everyday practices that condition the “possibilities” for health-related practices like physical activity, we shift our focus away from the resisting capacities of mothers to the temporal features of mothering practices. We interrogate the lived experiences of 15 mothers of preschool children in deprived urban areas and illuminate the inherent *temporal dimensions, demands* and *dispositions* of mothering practices that condition the possibility of leisure time physical activity being undertaken. Together, these temporal features mean mothering practices can readily work against leisure time physical activity. The focus on the mothering practices rather than mothers brings a novel perspective for developing public health policy designed to support mothers into regular leisure time physical activity.

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leisure time physical activity, mothering, routine, practice theory

INTRODUCTION

Parenthood is often a time when an individual's physical activity (PA), and particularly leisure time PA (LTPA), reduces (Bellows-Riecken & Rhodes, 2008; Saxbe et al., 2018). In particular, LTPA reduces for mothers, and especially those from lower socio-economic backgrounds (Bellows-Riecken & Rhodes, 2008; Hamilton & White, 2012; Mailey & Hsu, 2019; McGannon et al., 2018; McGannon & Schinke, 2013; McIntyre & Rhodes, 2009; Miller & Brown, 2005). Mothers are generally less active than fathers (Burton & Turrell, 2000; Milkie et al., 2004), but their LTPA is also less vigorous (Rhodes et al., 2014), less frequent and more likely to be unstructured and incidental (Hamilton & White, 2012). As such, the LTPA of mothers is an important focus for public health intervention given that parenthood has been identified as an inflection point for obesity (Saxbe et al., 2018). There are established benefits of PA for mothers' mental and physical health (Mailey & Hsu, 2019), and for the role that mothers play in the socialisation and development of PA patterns in children (Bellows-Riecken & Rhodes, 2008; Hamilton & White, 2012).

A substantial body of qualitative research exploring mother's LTPA takes a social constructionist perspective (Hamilton & White, 2012; Lewis & Ridge, 2005; Miller & Brown, 2005), whereby motherhood is "viewed as the product of individual, social and cultural discourses which interact to create particular meanings concerning mother identity" (McGannon et al., 2018: 41). These studies focus on how the "good mother" societal ideal can subordinate mothers' PA (Batey & Owton, 2014; Darroch & Hillsburg, 2017; McGannon et al., 2017) and how mothers are most likely to participate in PA when it is constructed as an opportunity for family time (Lewis & Ridge, 2005), or as necessary to be a "good" or "super mother" (Darroch & Hillsburg, 2017; Lewis & Ridge, 2005; Lloyd et al., 2016; McGannon & Schinke, 2013).

The "good mother" social ideal (Hamilton & White, 2012; Miller & Brown, 2005; Thomsson, 1999) has roots in "intensive mothering" (Hays, 1996). Although commonly presented as a somewhat excessive middle-class practice of scheduling extra-curricular activities for child cultivation (Lareau, 2011; Nelson, 2010), research has found that mothers from all backgrounds feel pressure to conform to an intensive, child-centred approach to parenting requiring the huge investment of time, money, energy and emotion (McCormack, 2005). Furthermore, research has identified that instead of scheduling paid activities, mothers with a lower income emphasise making sacrifices and "being there" (Elliott et al., 2015). Intensive mothering has been broadly associated with gendered experiences of time pressure (Ruppanner et al., 2019), which can lead to strain, fatigue and compromised happiness, particularly given the associated lack of free time and leisure (Musick et al., 2016).

Research also emphasises the socially constructed role expectations that place demands on mothers' time (Hamilton & White, 2012), particularly for mothers of young children (Acebo et al., 2005; Bellows-Riecken & Rhodes, 2008). Studies, for example, note that women spend much of their time on household chores and childcare (Hamilton & White, 2012), even if both partners in a dual income household work similar hours (Southerton & Tomlinson, 2005). Numerous studies focus on this division of household roles as important in shaping mothers' available time for LTPA (Dlugonski & Motl, 2016; Sternfeld et al., 1999; Wattis et al., 2013). Relatedly, leisure research has also identified that in addition to the disproportionate time women spend on child and home caring, those juggling paid and unpaid work can experience a dual burden, i.e. the stress of extreme multitasking as mothers continue to manage the majority of "domestic matters", which are imbued with emotional meanings (Thompson, 1996).

Physical activity research consistently emphasises that mothers' available time for LTPA is compressed (Bittman, 1999), fragmented and has to be "grabbed in short bursts" (Lewis & Ridge, 2005: 2299). Furthermore, feminist studies have emphasised how mothers' leisure is less easily disentangled from overlapping, contaminating activities (Bittman & Wajcman, 2000; Deem, 1986) and cannot directly be related to notions of 'free time' (Wearing, 1998). Mothers' leisure is therefore both more limited and less restorative (Nomaguchi et al., 2005). Given the difficulties of carving out time for leisure, mothers' LTPA must often be structured and carefully planned and involves the challenge of negotiating personal time (Brown et al., 2001; McGannon et al., 2018), which can reduce the positive effects (Wattis et al., 2013) and create family conflict (Pagnan et al., 2017). However, when partners are supportive, PA for mothers is more likely (Mailey et al., 2014).

Mothers seem to have a distinctive experience of time (Bittman & Wajcman, 2000) and face unique barriers to LTPA, often as a product of their fraught everyday lives (Hamilton & White, 2012: 276; Saxbe et al., 2018) and feelings of hurriedness (Southerton & Tomlinson, 2005) and the temporal characteristics of mothering that can make LTPA participation difficult. Research emphasises how mothers become skilful negotiators and jugglers of their identities and time (Batey & Owton, 2014; Evans & Allen-Collinson, 2016; McGannon et al., 2018; Palmer & Leberman, 2009; Spowart et al., 2008, 2010). However, under-explored are the specific temporalities of mothering that condition the necessity for such mastery in negotiating identities or "carving out time" (Mailey et al., 2014) for LTPA, and the sociocultural conditions shaping women's capacity for resistance. Illuminating the temporal characteristics of mothering is important to advance understandings of the challenges mothers face and the skills required to incorporate LTPA into their everyday lives so that appropriate public health policy can be planned. In this paper, we set out to understand the temporal features of everyday mothering, and how they shape the conditions for LTPA participation.

We adopt a practice theory perspective to focus on the way LTPA fits with everyday routines, which can be overlooked in public health research that often focuses on individuals and their ability to change their behaviours (Maller, 2015). We conceptualise mothering as a number of integrated practices that hang together through a collective understanding of the protective, nurturing and caring purpose of mothering. Furthermore, we understand mothering practices as interwoven with other practices that extend beyond the household practice landscape, implicating other institutions, practitioners and practices (Kemmis, 2019). We follow other studies that have used a practice theory perspective to advance from limiting assumptions about the capacity of individuals to act freely in relation to discrete behaviours (Blue et al., 2016; Supski et al., 2017; Twine, 2015). We explore the practice configurations and temporal characteristics of mothering that condition the "possibility" of LTPA participation (Nettleton & Green, 2014). To focus particularly on practice temporalities, we draw on Southerton's (2013) theorisation of routines and identify three temporal features of mothering that work against mothers' LTPA, offering novel insights for public health intervention.

PRACTICE TEMPORALITIES AND MOTHERING

This study advances from previous work that emphasises the way mothers resist, negotiate or manage their identities in order to engage in regular LTPA. Sociology of health and illness research emphasises the collective patterns of everyday life that create the conditions in which behaviour and behaviour change are made possible (Delormier et al., 2009; Maller, 2015; Twine, 2015). These patterns have been described as practices that are temporally unfolding and spatially dispersed, but shared and social (Schatzki, 2002). A practice theory approach turns away from "human factors" in favour of focusing on how the interwoven practices that hang together through institutional arrangements, shared

cultural meanings, knowledge and infrastructures shape everyday life (Walker, 2014). Practice theories are diverse but all “refuse” to promote either the individual or the social whole as ontologically central, rather emphasising the recursive characteristics of practices as demanding of, and shaping, recognisable and repeat performance (Blue, 2019).

The temporal aspects of practices are central to the practice-theoretical accounts of everyday life (Blue, 2019). Practices have temporal features, including when they are performed and how often, how long they take, and how they are combined or ordered in relation to other practices (Southerton, 2006, 2013). For example, the “week” imposes a rhythmic pulse on working, consuming and socialising (Zerubavel, 1985); some practices compete for time, like work competing with leisure (Shove et al., 2009); and some, like shopping have to be accomplished before others, like cooking (Blue, 2019). Some practices gain significance from those that precede or follow, such as drinking wine to relax after a hard day (Meier et al., 2018).

The temporal characteristics and connections between practices create a rhythm for everyday life (Southerton, 2006). Given that habitual practices are performed in similar ways at similar times and in particular orders (e.g. waking, dressing, eating before travelling and working), the rhythms of everyday practices are often called “routines” (Southerton, 2013). However, Southerton (2013) argues that these rhythms are more helpfully explained by exploring the way practices are (a) sequenced by institutional timings, (b) configured by temporal procedures and (c) held in place by collective temporal dispositions. Southerton (2013) describes temporal sequences as patterns of practice enactment imposed by institutional timings or technologies such as the length of a washing machine cycle. Temporal procedures are the culturally derived conventions about the order things are done, involving tacit knowledge and embodied skills. For example, temporal procedures might dictate that brunch is eaten late morning at the weekend. Finally, temporal dispositions refer to the shared cultural conventions towards the use of time, which affect the allocation of different practices in time. Southerton (2013) offers the middle class “devotion” to spending time eating out and reading books over watching television as an example.

We draw on this practice-oriented conceptualisation of practice temporalities to explore everyday mothering practices. Mothering through a practice lens is recognisable as patterns of relatively stable practice performances (Breadsell et al., 2019) often repeated on a daily basis (Eon et al., 2018) that can be remarkably resistant to change (Meier et al., 2018). Molander and Hartmann (2018: 375) describe mothering as integrative; involving the enactment of various practices like cooking, fostering, entertaining, and cuddling but that are all inscribed with the emotion and purpose of a mothers’ attentive care and love. These practices are collectively understood as mattering for mothering (Halkier, 2010; Keller & Ruus, 2014). Furthermore, the socio-material routines of mothering are entangled in a larger, intricate, interlocking mesh of practices (Keller & Halkier, 2014; Schatzki & Knorr Cetina, 2001; Warde, 2016) that includes childcare and work, and the practices of extended networks and family (Breadsell et al., 2019; Nockolds, 2016). This interlocking mesh of practices conditions the everyday possibilities of mothers. Therefore, the practices of, and enmeshed with, mothering, are our unit of enquiry.

METHODOLOGY

Semi-structured, narrative interviews were adopted in our study to explore how LTPA and the everyday lives of mothers interrelate. We were particularly interested to understand how LTPA was affected by motherhood practices, rather than focusing our inquiry on incidental PA, given the impact of mothering on structured purposeful LTPA (Hamilton & White, 2012). This study received institutional ethical approval.

Prospective participants were sampled using a maximum variation technique to elicit the perspectives of mothers who have differing child caring responsibilities, differing numbers of children, and varied previous engagements in LTPA prior to motherhood. We specifically sought to understand the everyday lives of mothers who are less likely to benefit from the flexibility afforded by privately funded childcare, clubs and leisure opportunities (Nockolds, 2016) and who have limited control over the sequences of their working (if applicable) and non-working practices (Southerton, 2006). Thus, we recruited mothers living in the close vicinity of non-fee-paying Children's Centres situated in the most deprived urban areas. Researchers recruited participants by attending centre play sessions, with permission from centre managers. Participants self-reported as having limited financial resources and their postcodes were matched to lower Indices of Multiple Deprivation (IMD) scores. Participants were offered a £25 shopping voucher to reimburse them for their time.

All participants ($n = 15$) had *preschool* children and included nine mothers not currently doing any LTPA, three of whom were not active before motherhood. Six engaged in regular LTPA, including running, home exercises, cycling, basketball, swimming and resistance training. Two began engaging in LTPA in motherhood. Participants had between one and four children, with children aged between 18 months and 12 years. Participants were aged between 20 and 50. Eleven participants were married or lived with partners and three were single. One participant was an adoptive mother. Eight had no paid employment or were looking for work, and seven were in part-time employment. Four did not drive. We use pseudonyms and as shorthand, describe participants as having “low activity” if they participate in a very low level of LTPA or none, and “active” if some LTPA is undertaken. Three participants were of non-British origin, and two were black and minority ethnic (BME).

Face-to-face interviews were completed by two members of the research team (*redactedFS & MA*) and were informed by a piloted topic guide. Participants were asked to describe their daily routines, to discuss their perspectives and experiences of PA, and prompted to explore how they manage and experience the temporal aspects of LTPA and mothering. Participants were asked to describe a normal day in order to gather in-depth, mundane details of their routines, including “getting up”, “getting ready” and “bed time” (Silva, 2002). Probing would often elicit further detail of how these differ across the week and year. To help move beyond generalist reflections to important mundane details, we encouraged participants to keep a diary in the week before their interview. The diaries were used to facilitate questioning within the interview rather than being used as data. Of the 15 women interviewed, eight provided a diary which were either hand-written or typed.

All 15 interviews were conducted in a venue chosen by the participant (e.g. quiet café or children's centre meeting room). Most women had their children present. Interviews were audio-recorded; however, nothing verbalised by the children was included in the anonymised, third-party produced transcripts. Interviews lasted between 50 and 80 min.

Transcripts were firstly coded openly, enabling the data to be examined and coded on a line-by-line basis without a predefined analytical framework (Corbin & Strauss, 2008: 160). Axial coding was then applied to create patterns, structures and relationships (Gibson & Brown, 2009; Saldana, 2016). This axial coding was sensitised by understandings of enmeshed practices and of Southerton's notion of practice routines.

THE TEMPORAL FEATURES OF MOTHERING PRACTICES

Our findings illuminate three temporal features of mothering that work against LTPA; *temporal dimensions*, *demands* and *dispositions*. Temporal dimensions of mothering come from the institutional practices with which mothering practices intersect. Intricate temporal demands of everyday caring

practices are heightened by the procedures of caring practices that matter in mothering. Finally, powerful collective-level temporal dispositions infuse the enactment of everyday mothering, conditioning the possibility for resistance or deviation. Together, these can work against LTPA by colonising available time with other priorities and by shaping expectations about LTPA in mothers' lives.

Before exploring these temporal features of mothering in depth, an important preliminary context is participant accounts of the overwhelming, rigid and intense nature of their everyday lives that are dominated by child caring and home caring practices (Molander & Hartmann, 2018). Participants like Laura (low activity) noted the lack of time they have to themselves and the rare escape from everyday intensity: "There have been times that it's all a bit too intense, I need a bit of just time". Tallah (low activity) described a desire to "catch her breath", indicating the speed and relentlessness of her everyday life: "I wish I had more time. Like I think about it, if I had more time, I'd probably just lie down, catch my breath for a minute..."

The experienced "lack of time" for anything other than caring was accounted for by the fixed routines that characterised participants' everyday lives, and by the persistence of these routines:

"There are fixed things, aren't there, when you're a mother?... it doesn't really ever change...it's hard-wired as to how our daily structure works... [we are] just stuck in a daily routine I guess"

(Kelly, low activity)

Kelly later explained that despite her dissatisfaction with the lack of time she gets to herself, their household is "stuck in a rut, stuck in our ways; [we] don't really know any other way". Her lack of time for herself is interwoven with the complex site of her household practices that hold patterns of activity remarkably stable (Meier et al., 2018) despite her desire to do things differently:

"I would love to do exercise, but I just don't... I just don't get any chance, I like swimming, cycling, running, doing yoga, just haven't done it for 5½ years really".

Kelly's desire to be physically active beyond everyday incidental walking was mirrored across the data, as was the inflexibility of everyday mothering routines. The practices of mothering, centred heavily on child and home caring, can be seen to work against LTPA; experienced as a sense of impossibility, lack of "chance" or "time" for LTPA. We now turn to the three temporal features of mothering identified through our analysis that theorise how mothering practices are "hardwired" to work against LTPA.

Temporal dimensions of mothering brought by "external" interlocking practices

Mothering practices interlock with other practices that bring temporal dimensions that condition the everyday experience of mothering. For example, Lula (low activity) noted that "I have to do the school run twice a day, so Emma's school run defines the day on those two days, because we have to be back for the school run". Nockolds (2016) has also noted how mothering is "tied to the temporality of schools and other childcare institutions, which... are often still temporally rigid" (p.517). In describing her own weekly routine, Anna-Lise (active) also reflects, with frustration, on the defining nature of the school timetable over her own life, and particularly how the school run interferes with her previously regular activity: "I mean that is a system which is nothing to do with me and everything to do with other people".

Interlocked working practices also condition mothering, firstly because the working week delineates time and activities suitable for weekdays and weekends:

“Normally we’ll do something as a family at the weekends, or Dave might take her to the zoo or something on his own and then I’ll have a few hours at the house, probably trying to sort out a big pile of mess!”

(Melony, active)

For Melony, leisure and housework are temporally located at the weekend because that is when time is available due to her husband's weekday working schedule and their limited financial resources to either buy cleaning services or childcare in the week. Leisure, and particular housework practices, are therefore configured temporally in relation to institutional practices of work, and the temporal location of these practices also serves to configure and reinforce what weekends come to mean; a time to get the housework done, for family leisure time or father–child activities. Secondly, as Tallah noted, fathers’ working practices interlock with mothering, conditioning the intensity of caring:

“When [my husband] gets new people at work, we all know in the family it’s going to be three weeks of our schedules just going mad because he’s home late from work. I have to do more, pick up the kids because he can’t and then I realise that kind of everyone goes through that now, it’s just like family life, you know?”

(Tallah, low activity)

Tallah's routine “goes mad” when her husband's work practices colonise time he would otherwise be using for caring.

For Lula (low activity), a part-time nursery supervisor reliant on public transport (the family do not have the resources to own a car), the enactment of evening child caring practices are conditioned by a complex mesh of interlocking practices that include various workplace and travel practices and a range of actors and institutions:

“I am totally reliant on people picking their children up, and even now, if I'm on a late shift... if someone was late, then you'd be like ‘well now I've probably missed my train’”.

Lula's experience illuminates how mothers are crossing points (Reckwitz, 2002) for an interlocking enmeshed practices that have “something of a life of their own” (Blue et al., 2016: 41). For Lula, the mesh includes train timetables and other parents’ working schedules as well as policies that govern nursery worker ratios. Her story also reveals how distance and time are entangled and condition everyday mothering possibilities. The temporal demands of travel (Cresswell & Uteng, 2008) featured in many participant accounts, particularly the non-drivers reliant on public transport whose engagement with mothering practices was further shaped by their financial limitations.

LTPA can be temporally located to fit around the dimensions of the mothering practice mesh, but even participants with established LTPA careers noted how vulnerable this could make their LTPA. Benita (active) does her exercises at home but can only do them if her husband is home from work in time to free up her narrow 45-min window:

I: And tell me about these times when your husband is doing bed and you do your exercises... how much time do you get?

R: To myself? Probably about forty-five minutes to an hour, and then after that forty-five minutes, he'll come back downstairs unless he goes to have a shower or something, and it also depends on how long the kids take to settle.

In a similar vein, Amma (low activity) used to go to the gym on her day off with her husband but then the children moved schools and it "became impossible". Our findings illustrate the way that mothering is temporally configured within other interlocking practices and institutionally timed events (Southerton, 2013), which bring temporal dimensions to mothering including aspects of rigidity and dependence that can work against LTPA and make it vulnerable to competitive mothering practices.

Temporal demands of everyday caring

As well as temporal dimensions arising from connections with external interlocking practices, mothering practices themselves also bring particular temporal demands that condition everyday experiences, and work against LTPA in different ways. Firstly, participants described their skilful management of carefully and sequentially ordered caring practices in their unique household contexts. For example, Charlie (active) tries to encourage her son to brush his teeth before putting on his uniform, "Otherwise there's just white all the way down the front. All of these little things that you have to think of...". Similarly, Susan (low activity) describes the intricate coordination of each son's bath time, stories and pre-bed snacks to prevent "meltdowns". She then sits in her youngest child's room until he falls asleep. The temporal demands of these activities mean mothers' expertise is indispensable and in demand. As Amma (low activity) reflects:

"At the moment it's a little tricky... with that [bed time] routine because, well, my husband is able to put him to sleep, but not every evening 'cause sometimes when he sees me, he just wants mummy, mummy, mummy and then it starts."

Participants described a cycle of caring practices requiring skills, particularly in relation to their temporal demands, that mothers accrue as they progress through their careers as mothers (Shove & Pantzar, 2007). This then necessitates mothers to enact caring even when others are "able" – a reinforcing feedback loop that is locked in place by the scarcity of mothers' and children's experience of "others" taking a caring role, particularly because paid childcare is out of financial reach. Relying on others to enact caring so that mothers can engage in LTPA can become very difficult.

Beyond the skilled enactments of sequentially ordered caring practices that happen within unique contexts (Molander & Hartmann, 2018), there were also relatively stable temporal patterns of caring practices that indicate temporal procedures are working to collectively coordinate the temporal regularities of mothering and bring further temporal demands. Temporal procedures are "culturally derived conventions" (Southerton, 2013: 348) regarding the acceptable sequence through which practices might be performed, how long they should take, how often they should recur and when they should happen (Southerton, 2013). They represent a "strong touch of predictability to the world around us" (Zerubavel, 1981: 12), which was evident in participants accounts. Like most participants, Sarah (active) described the "tight schedule" that she "follows every day" in relation to cleaning, food preparation and childcare or school drop offs and pick-ups. Lula (low activity) described these as her "set jobs". Patterns across the data were that mothers tended to wake "before everyone else to get the breakfast going" (Tallah, low activity), to "never go to bed unless the kitchen's all clean" (Sarah, active) and to "lay the children's clothes out the night before and their bags are on their pegs

and everything, so it's all ready" (Susan, low activity). A further temporal procedure was getting "everything done" on a child's naptime rather than try and synchronise childcare with homecare or other practices (although noting that male partners often synchronised in this way):

"I have in my head, okay, when he wakes up I'm supposed to spend time with him not doing chores at home, so yeah... when he goes to sleep I try and do my housework, things like that, trying to clean a little bit."

(Laura, low activity)

The temporal demands of mothering can easily work against LTPA. Lula (low activity) describes her schedule of home and child caring as "always quite full, they're always pretty frantic". Although Benita fits in LTPA, she described how her regular home exercises drop down her list of priorities depending on what needs doing:

"I generally try and do exercise, if I haven't got anything else to do... it's either tidying up after dinner or doing exercise, whichever one I need to do, really, or working".

Temporal procedures condition everyday mothering, making it rigid (Pagnan et al., 2017), often because caring or working is prioritised and feels like they always need to be done firstly.

The temporal demands of caring are exacerbated by the time squeeze created by mothering practice hotspots (Nockolds, 2016). "Hotspots" (Gram-Hanssen et al., 2020) occur when caring practices are intense and dense (Southerton, 2009), such as first thing, bedtime or naptime. Our analysis found that hotspots occur when the temporal dimensions of interlocking practices such as schooling, childcare and work intersect with caring practices that colonise the same or adjacent temporal locations. These intersections intensify "hotspots", creating "frantic" experiences and rushed and stressful moments. Laura (low activity) describes these as "pinpoint times" and Susan (low activity) admits that "there's a lot of screaming and crying and fighting" as they try and leave the house in time to walk to school and nursery. These hotspots are unavoidable given that many caring practices cannot be done at any other time, must be sequentially ordered (waking before dressing, for example) (Walker, 2014), must be repeated with high periodicity, such as eating, dressing or sleeping (Southerton, 2006), and intersect with multiple other practices, each with temporal features. As a result of these hotspots, mothering further works against LTPA by displacing practices squeezed out of intense daytime rhythms that then colonise time later in the evenings when children are asleep. For example, Laura (low activity) describes how after her son goes to sleep, she cleans the floor "more often than I ever used to", and Tallah (low activity) explains that "by eight everyone's in bed knocked out, and then it's tidy up time for me..." The imperative for fitting home caring practices around the edges of a day already colonised by child caring is particularly problematic for lower-income mothers for whom the opportunity to double up practices by paying for cleaning or childcare services is not an option.

Temporal dispositions: Being present to care

Finally, our analysis identified the way LTPA is conditioned by collective temporal dispositions about "proper" or "good" mothering. Dispositions are persistent collective conventions that provide an automatic sense of knowing about the subjective acceptability of behaviour (Bourdieu, 1984, 1990; Southerton, 2013). Temporal dispositions guiding "good" mothering mean some practices are prioritised over others when competition for time occurs (Southerton, 2013). Our findings illuminate

“being present to care” as an overarching temporal disposition that implicates how mothering can work against LTPA by conditioning mothers’ capacity to resist or overcome the temporal constraints inherent in mothering practice configurations.

Consistent with other studies (Dlugonski & Motl, 2016; Hamilton & White, 2012; Lloyd et al., 2016), our participants experienced an intense drive to be present with their children as much as possible:

“Sometimes it’s so disappointing that I go walking up to the bedroom and they’re already sleeping... [So] if they woke up early some days the mornings they come into my bed and we can just chat and lie down, which is a nice thing to do. I think this is the thing, you cannot be in two places at the same time. If I could just go out, half of myself and half of me to stay, that would be perfect”

(Liv, low activity)

Beyond a conscious drive to be with their children, as demonstrated in Liv’s reflection, participants also described a general expectation about how little time there would be for leisure pursuits like LTPA during early motherhood:

“I never had the expectation I’d have more time, I thought, well... this isn’t my life. I’ve embraced that. I was quite prepared for that”

(Laura, low activity)

Other participants note that “taking” or negotiating time for LTPA would not feel “right” (Brown et al., 2001). Lula (low activity) explains that she “didn’t feel I could go for a run because he’d [her husband] had the kids for the day” and Kelly (low activity) similarly that she just “doesn’t feel comfortable” leaving her children with her partner to go and do PA. Tallah (low activity) reflected that when her husband would go to the gym when she was doing bedtime “that felt more natural like mummy doing it and daddy going out to the gym”. All three participants here use the word “feel” to explain the tacit understandings about the propriety of time that participants share. Although they would like to do LTPA, it does not feel right.

Even our regularly active participants experienced extreme struggles in pushing against the “being present to care” temporal disposition. For example, Melony (active) explains the strain of trying to transfer responsibility for their toddler’s bedtime routine over to her husband and make it out to her yoga class: “In the end, it was just too stressful”. Amma (low activity) explains that “it’s difficult to make myself do it, to go out”, despite her husband always being there for the bedtime routine. For Lyla (low activity), the struggle she has faced in trying to separate herself from bedtime caring practices meant her attempted after work gym routine would repeatedly fail:

“It was great when I was maintaining it and then a couple of weeks later, awful [laughs]... It meant that I got home as they were getting in the bath, yes so it didn’t really fit that well. It wasn’t very nice to miss tea with the children. Just sort of very brief hellos and goodnights and stories...”

Our findings also suggest that LTPA could be constrained or made possible by partners’ expectations about mothers being “present to care”. For Serena (active), although her husband supports her running, she jokes that if she told her husband that “I’m going now [for a run], you put the kids to bed” then “*obviously* he’d be annoyed”. Furthermore, several participants mention having to request their partners to “have” or “take” the children so they can have some time for themselves. Charlie (active) describes her

chance to run without her toddler and the running buggy as “quite a treat”. The expectation is that mothers are present to care, manifesting as a “default” against which deviation attracts annoyance or demands negotiation (Brown et al., 2001; McGannon et al., 2018). Conversely, partners’ expectations about LTPA were also seen to enable activity to happen for our participants:

I: Does your husband encourage you, support you [to be physically active]? Do you talk about it?

R: Yeah, I just say, ‘Oh, I need to do my exercises now.’

R: He’s just like... he knows that I... He’s just like, ‘Yeah, do your thing, whatever. Just get on with it.’ (Benita, active)

Beyond notional support, Benita’s LTPA is unreflexively anticipated. Similarly, Sarah’s husband returns home early to ensure she can make it to her basketball practice. Without her husband, Sarah reflects that her LTPA would “just never happen”.

DISCUSSION

We understand mothering to be a number of enmeshed, interlocking practices (Breadsell et al., 2019; Eon et al., 2018) including workplace, school, travel practices but with home and child caring as central because they appear to matter the most in mothering. We have identified that these interlocking practices bring *temporal dimensions* to mothering that can make mothering feel rigid and inflexible and hostile to LTPA. The lower income of the women in our sample brings the added challenge of a limited capacity to bypass the temporal dimensions through paid childcare, home care services or flexible transport by private car.

Specifically, we have illuminated the inherent *temporal demands* of mothering in terms of the sequential ordering and density of practices within specific temporal locations that home and child caring entail. These demands are heightened by the temporal procedures which drive conventions over how caring practices are ordered and prioritised. The intersection between wider interlocking practices and caring practices further intensifies the demands of caring, creating hotspots and displacing caring practices to times when children are sleeping, pushing out the possibility of LTPA. Finally, our analysis has illuminated the way that *temporal dispositions* pervade mothering and condition LTPA. In line with others (Elliott et al., 2015) we found that often the expectations of our low-income participants and their partners is that mothering time is properly spent being “present to care”, which serves to limit the possibilities of LTPA participation and limits mothers’ capacity to resist or overcome temporal constraints. Together, these *temporal dimensions*, *demands* and *dispositions* of mothering practices means LTPA finds it hard to compete with mothering and to take hold in mothers’ everyday lives.

Our study makes two important contributions to existing research and policy focused on encouraging mothers’ participation in LTPA. Firstly, our practice-oriented theorisation of mothering advances existing physical activity research that explains low LTPA levels in relation to the temporally fixed and inflexible nature of mothering (Pagnan et al., 2017), yet tends to focus on mothers’ resistance (Lewis & Ridge, 2005) and skilful negotiation of their individual positions within and against the “good mother” discourse (Smith & McGannon, 2018). The focus on how mothers “carve out time” (Mailey et al., 2014) has implications for public health policy framing. Policy recommendations from this research emphasise supporting women’s strategies for coping (Pagnan et al., 2017), resisting social constraints (Lewis & Ridge, 2005), or asserting their rights to satisfy their “health needs” (Hamilton & White, 2012). In contrast, our study illuminates the sociocultural conditions that underpin the experienced rigidity of everyday mothering, by illuminating the temporal features that hold shared

mothering practices stable (Southerton, 2013) and “remarkably” persistent (Meier et al., 2018) and mean mothering readily competes against attempts or desires to incorporate LTPA. Particularly, our analysis has illuminated how the poor synergy between mothering and LTPA can be locked in place by the collective expectations, or *temporal dispositions*, about time allocated to the practices of doing mothering well. We understand these temporal dispositions of mothering as a “felt need” to be present to care (Southerton, 2003) rather than to engage in leisure like PA, experienced as intense difficulty in overcoming temporal constraints (Southerton & Tomlinson, 2005). Temporal dispositions are contingent on the configuration of mothering practice temporalities and help explain their persistence. Policies focusing on individualised capacity for action fail to account for the way collectively held temporal dispositions emerge from the temporal features of multiple enmeshed practices.

Secondly, a practice theory conceptualisation expands the focus of potential public health policy intervention beyond mothers and mothering. We follow a stream of sociologically-oriented health research in arguing that behaviour with health implications should not be understood as discrete, distal behaviours (Blue et al., 2016). Rather, to understand health outcomes of the way we live we should focus on the “very fabric” of everyday life into which behaviours are woven (Williams, 1995). With our particular focus on temporalities (Twine, 2015), and drawing on practice-informed and temporally-focused policy recommendations in other fields (e.g. transport) (Cass & Faulconbridge, 2016) and sustainable consumption (Nettleton & Green, 2014; Southerton et al., 2012), we argue that public health policies can be designed to ease the synergies between LTPA and mothering by looking beyond mothering, for example to opportunities and expectations around working day LTPA. This approach unlocks the potential to consider a broader intersection of practices that condition the (im) possibility of LTPA for different groups of mothers, such as particular religious or cultural practices, without reducing analytical focus to the choices of mothers. Future research should consider the implications of a wider range of ethnic and cultural contexts on the temporal features of mothering and LTPA.

For policymakers, the practices enmeshed with mothering create the conditions for the “possibility” of LTPA (Nettleton & Green, 2014) and so must be the focus of intervention, advancing from approaches that focus on promoting and rewarding individual change (Fjeldsoe et al., 2015). Our practice approach treats practices as the primary unit of enquiry (Twine, 2015). Thus with a practice-temporal lens, public health policy and intervention are able to avoid emphasising individual responsibility for health risk reduction, which is oversimplified and brings the risk of inadvertent effects (Gurrieri et al., 2014).

CONCLUSION

We contribute to existing work exploring the potential of policy for making, breaking and sustaining connections between practice elements (Shove et al., 2012) that shape the “innocuous ways of going about everyday doings” that can implicate public health (Maller, 2017, p.78). Alternative theorisations for policy development are important given that global trends in illness and death relating to lifestyle are escalating and that existing approaches have failed to deliver satisfactory public health outcomes (Maller, 2017). Specifically, the maintenance of intervention effect is often poor amongst mothers (Mailey & Hsu, 2019: 973). There is substantial critique of behaviour change approaches that fail to account for the sociocultural shaping of everyday routines (Blue et al., 2016). These approaches can exaggerate choice and underplay the extent to which daily activities are enmeshed in everyday life (Delormier et al., 2009). Thus, our characterisation of mothering temporalities and LTPA provides a novel way for public health policy to move away from intervention approaches that exaggerate

individuals' capacity to change and furthermore risk the widening of gendered inequalities (Cohn, 2014:160). However, we highlight warnings about the unpredictability of intervention in complex arrangements of interrelated practices that evolve and adapt across time and space (Blue et al., 2016: 43). Furthermore, we acknowledge that research is needed that bridges from the conceptual promise to policy and intervention (Blue et al., 2016).

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Fiona Spotswood: Conceptualization (lead); data curation (lead); formal analysis (lead); funding acquisition (lead); investigation (lead); methodology (lead); project administration (lead); writing—original draft (lead). **James Nobles:** Conceptualization (supporting); data curation (supporting); formal analysis (supporting); funding acquisition (supporting); investigation (supporting); methodology (supporting); project administration (supporting); writing—original draft (supporting). **Miranda Armstrong:** Conceptualization (supporting); data curation (supporting); formal analysis (supporting); funding acquisition (supporting); investigation (supporting); methodology (supporting); project administration (supporting); writing—original draft (supporting).

DATA AVAILABILITY STATEMENT

Author elects to not share data - Research data are not shared.

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